Minnesota Department of Corrections

Policy:	**500.500**
Title:	**Management of Infectious Diseases**
Effective Date:	**11/7/17**

PURPOSE: The Minnesota Department of Corrections (DOC) must have a written program to address the management of communicable and infectious diseases in offenders and juvenile residents and to provide resources that help the healthcare provider in maintaining an environment that reduces unnecessary exposure to infectious and communicable diseases for offenders and residents, and for security and healthcare staff.

APPLICABILITY: Minnesota Department of Corrections (DOC); all offenders and staff of adult and juvenile correctional facilities

DEFINITIONS:

Continuous Quality Improvement (CQI) Committee – A multidisciplinary committee with the DOC medical director as the supervising physician, and an associate director of nursing as the committee advisor. Membership consists of registered nurse supervisors, a nursing education specialist, the directors of nursing, and the contracted health care vendor's CQI registered nurse. Ad hoc committee members participate on a rotating basis and may include the health services director, safety director, risk assessment coordinator, quality improvement coordinator, a medical records representative, a release planner, a policy and legal representative, an associate warden of operations or security captain, and a Minnesota Department of Health representative, infectious disease professional.

Facility Infection Control Committee – a multidisciplinary committee comprised of clinical, security, safety, and administrative representatives.

Pharmacy and Therapeutics (P&T) Committee – A multidisciplinary committee composed of the DOC medical director, director of nursing, behavioral health director, an authorized representative of the contracted health care vendor, a contracted physician, the contracted medical vendor's Medical and Psychiatry Directors, and contracted pharmacy consulting pharmacists. Ad hoc committee members on a rotating basis are the health services director, the safety director, a release planner, a policy and legal representative, and others such as staff from the office of special investigations (OSI).

PROCEDURES:

The department develops policies and guidelines as appropriate to address infectious diseases such as Methicillin Resistant Staphylococcus Aureus (MRSA), Tuberculosis (TB), Hepatitis A, Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV), and Influenza. Management of infectious disease includes the following;

A. Prevention
   1. Offender communicable disease prevention education is
      a) Provided as an intake receiving and orientation component; and
      b) Available upon request for offenders/residents.

   2. Immunizations are offered and provided when applicable under Minnesota Department of Health (MDH) and Centers for Disease Control and Prevention (CDC) guidelines.

   3. Immunizations recommendations are provided for in DOC standing orders and disease management protocols.

B. Surveillance

1. Identification and monitoring screening and testing are done at intake and periodically.

2. Infectious disease statistic data is collected, compiled, and reported monthly. See Infection Control Monthly Statistics form (attached). Statistics are maintained in central office health services.

3. Communicable disease testing and screening are completed as mandated and indicated under CDC guidelines.

C. Education

1. Hand hygiene education is provided for offenders/residents and staff.

2. Offender/resident disease prevention education is provided.

3. Staff and volunteers are trained on infection control practices.

4. Staff receive an annual infection control principles review.

D. Treatment

1. Personal protective equipment is used as indicated.

2. Medical treatment is followed as indicated by current guidelines.

3. Medical isolation is done as indicated.

4. Follow up care is scheduled periodically as clinically indicated.

5. Specific disease management

a) For the management of MRSA, the following are provided:

(1) Evaluation and treatment of infected offender/residents in accordance with an approved practice guideline;

(2) Medical isolation, when indicated; and

(3) Follow-up care, including arrangements with appropriate health care authorities for continuity of care if the offender/resident is relocated prior to the completion of therapy.

(4) See Federal Bureau of Prison MRSA Guideline April 2012.

b) For the management of tuberculosis, the following are provided:

(1) Screening and testing as required by state law;

(2) Treatment of latent/active tuberculosis infection as indicated;

(3) Medical isolation when indicated; and

(4) Follow-up care including arrangement with applicable departments of health for continuity of care if the offender/resident is released prior to the completion of therapy.

(5) See Policy 105.180, "Tuberculosis Control for Applicants, Employees, Contractors, Volunteers, and Students."

(6) See Policy 500.520, "Tuberculosis Prevention and Control for Offenders."

(7) See Policy 500.522, "Negative Pressure Isolation Rooms."

c) For the management of Hepatitis A, B and C, the following are provided/followed:

(1) Screening and testing guidelines;
(2) Immunization for Hepatitis A & B and other prevention measures as applicable;
(3) Treatment protocols; and
(4) Medical isolation as indicated.
(5) See MDH and CDC Immunization Guidelines.
(6) See Minnesota DOC Hepatitis Management Guidelines.

d) For the management of HIV, the following are provided/followed:
(1) Screening and testing guidelines;
(2) Pre- and post-test counseling;
(3) Immunizations and other preventative measures when applicable;
(4) Treatment protocols;
(5) Confidentiality of protected health information; and
(6) Medical isolation as indicated.
(7) See CDC HIV Screening, Testing and Treatment Guidelines.

E. Reporting

1. The Continuous Quality Improvement (CQI) committee manages and oversees all infection control activities.

2. Communicable disease and infection control activities are discussed and reviewed at least quarterly by the CQI Committee.

3. A facility infection control committee meets quarterly to review and discuss communicable diseases, infection control activities, and plans. Information is shared through meeting minutes and is also provided to the CQI committee.

4. Communicable disease and infection control activity data is collected and reported monthly to the P & T Committee.

5. Meeting minutes from each facility's infection control committee are retained at the facility. Meeting minutes from the CQI and Pharmacy and Therapeutics (P & T) committees are retained at central office.

6. Local reporting requirements are followed as indicated.

7. State reporting requirements are followed: The DOC, the contracted medical practitioner, and the contracted laboratory, report diseases and outbreaks to MDH. See MDH Reportable Disease poster (attached).

8. Federal reporting requirements are followed as indicated.

F. Confidentiality of protected health information is followed. See Policy 500.190, "Health Care Data Practices"

G. Appropriate safeguards for offenders/residents and staff are followed using:

1. Policy 105.113, "Personal Protective Equipment (PPE);"

2. Policy 105.170, "Bloodborne Pathogens;" and

3. Policy 105.115, "Respiratory Protection Program."

H. Post-exposure management protocols are followed, particularly for HIV and viral hepatitis infections. See Policy 105.170, "Bloodborne Pathogens."

INTERNAL CONTROLS:

A. Statistics on diseases are maintained in central office health services.

B. Continuous Quality Improvement (CQI) and Pharmacy and Therapeutics (P&T) meeting minutes are retained in central office.

C. Facility infection control committee meeting minutes are retained at the facility.

ACA STANDARDS: 4-4355, 4-4354, 4-4354-1, 4-4356, 4-4357

REFERENCES:
Policy 500.010, "Health Services"
Policy 105.113, "Personal Protective Equipment (PPE)"
Policy 105.115, "Respiratory Protection Program"
Policy 105.170, "Bloodborne Pathogens"
Policy 105.180, "Tuberculosis Control for Applicants, Employees, Contractors, Volunteers, and Students"
Policy 500.190, "Health Care Data Practices"
Policy 500.520, "Tuberculosis Prevention and Control for Offenders"
Policy 500.522, "Negative Pressure Isolation Rooms"
Centers for Disease Control and Prevention
Association of Practitioners in Infection Control
Occupational Safety and Health Administration
Minnesota Occupational Safety and Health Administration
Minnesota Department of Health
Federal Bureau of Prison
Federal Bureau of Prison MRSA Guideline April 2012
MDH and CDC Immunization Guidelines
Minnesota DOC Hepatitis Management Guidelines
CDC HIV Screening, Testing and Treatment Guidelines

REPLACES:
Policy 500.500, "Management of Infectious Diseases," 8/2/16.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means, regarding this topic.

ATTACHMENTS:
Infection Control Monthly Statistic form (500.500A)
MN-DOC Procedure for Facilities Management of Lice Infestation (500.500B)
Management of Bed Bug Infestation (500.500C)
MN-DOC Procedure for Facilities Management of Scabies Infestation (500.500D)
MN-DOC Procedure for Facilities Management of Lyme disease (500.500E)
MDH Reportable Disease poster (500.500F)
Patient Education HIV Pre/Post Test Counseling (500.500G)
Infeccion por VIH y el SIDA (500.500H)
Patient Education Hepatitis C Pre/Post Test Counseling (500.500I)
La Hepatitis C y el Encarcelamiento (500.500J)

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